

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 23 1944**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

17037

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2002

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Weeks  
In this community 3 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Marian Helvern

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 7 1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days -- If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Beattie Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Office Clerk

11. Industry or business Federal Internal Revenue Bureau

12. Name Louis E. Helvern  
13. Birthplace Curleville Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Berna Nelius  
15. Birthplace London England  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Research Hospital K.C. Mo.

17. (a) Removal (b) Date thereof May 7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beattie, Kansas

18. (a) Signature of funeral director J. A. Butler's Sons

(b) Address 22 So. 18th, Kansas City, Kansas

19. (a) 5-8-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 West Armour Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7th.  
year 1944 hour 1 minute 45A M.

21. I hereby certify that I attended the deceased from April 1944 to May 7th 1944  
that I last saw her alive on May 7th, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Brain tumor,

Due to post operative shock,

Due to (non-malignant)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 927 N. 18th St. KC Mo Date signed 5/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR J. H. Black

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**